

*(use as many sheets as necessary)*

Sheet

1

of

2

**Filing Date**

**First Named Inventor**

## Group Art Unit

**Examiner Name**

Attorney Docket Number

**COMPLETE IF KNOWN**

~~10/524866~~

DTOS Rect CT/PTO 14 FEB 2005  
February 14, 2005

Kevin Seibert, et al.

**21157YP**

[illegible][illegible]

**Examiner  
Signature**

V. Bulandshahwar

**Date Considered**

5) 157.56

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

**SEND TO:** Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Computer generated form "IDS Form" (IDS Folder), Merck & Co., Inc., 09/05/2003